

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. UF-10293

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HUMAN DISEASE MODELING USING SOMATIC GENE TRANSFER

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as US Application Serial No. or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: ____ NO: ____
			YES: ____ NO: ____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Gerard H. Bencen, Reg. No. 35746

Send Correspondence to:	Direct Telephone Calls To:
Gerard H. Bencen Bencen & Van Dyke, P.A. 1630 Hillcrest Street Orlando, Florida 32803	Gerard H. Bencen 407-228-0328

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: RONALD KLEIN **Citizenship:** UNITED STATES

Residence: University of Florida, Gainesville, Florida 32601

Post Office Address: Same

Inventor's Signature _____

Date _____

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. UF-10293

Full Name of Inventor: EDWIN MEYER Citizenship: _____

Residence: University of Florida, Gainesville, Florida 32601

Post Office Address: Same

Inventor's Signature Date

Full Name of Inventor: NICHOLAS MUZYCZKA Citizenship: _____

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Post Office Address: Same

Inventor's Signature Date

Full Name of Inventor: MIKE KING Citizenship: _____

Residence: University of Florida, Gainesville, Florida 32601

Post Office Address: Same

Inventor's Signature Date

Full Name of Inventor: CRAIG MEYERS Citizenship: _____

Residence: University of Florida, Gainesville, Florida 32601

Post Office Address: Same

Inventor's Signature Date

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature Date

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature Date

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(d))—NONPROFIT ORGANIZATION**

Docket Number (Optional)
UF-10293

Applicant, Patentee, or Identifier: XXXXXXXX Klein
Application or Patent No.: Unknown
Filed or Issued: 11/05/2000 February 9, 2001
Title: HUMAN DISEASE MODELING USING SOMATIC GENE TRANSFER

NAME OF NONPROFIT ORGANIZATION UNIVERSITY OF FLORIDA

ADDRESS OF NONPROFIT ORGANIZATION 1938 W. University Avenue, Gainesville, Florida

☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION

☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))

☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))
IF LOCATED IN THE UNITED STATES OF AMERICA

☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED
STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

☐ the specification filed herewith with title as listed above.

☒ the application identified above.

☐ the patent identified above.

I hereby state that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e)

Each person, concern, or organization having any rights in the invention is listed below

☒ no such person, concern, or organization exists

☐ each such person, concern, or organization is listed below

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b))

NAME OF PERSON SIGNING Tom Walsh

TITLE IN ORGANIZATION OF PERSON SIGNING Director, Office of Technology Licensing

ADDRESS OF PERSON SIGNING 1988 W University Avenue, Gainesville, Florida

SIGNATURE W. A. A. A. DATE 2/9/01 ~~11/5/2000~~